

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under PL. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only		1. FILE NUMBER 540-190		2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.)			
				First Name Kevin Last Name Kline, Int'l Trustee P.O. Box • Building and Room Number (if any) Number and Street 1630 S Commerce St City Las Vegas State ZIP Code + 4 NV 89102			
4. AFFILIATION OR ORGANIZATION NAME C & CW Union				6. DESIGNATION NUMBER			
5. DESIGNATION (Local, Lodge, etc.) Local				6. DESIGNATION NUMBER			
7. UNIT NAME (if any)				9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes No <input checked="" type="checkbox"/>			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)							
Item Number 9		c/o Kevin Kline 1630 S. Commerce St. Las Vegas NV 89102					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)							
76. SIGNED: John W. Wilhelmer		PRESIDENT (If other title, see instructions.)		77. SIGNED: Sherri Chessa		TREASURER (If other title, see instructions.)	
Date		Telephone Number		Date		Telephone Number	

Int'l Trustee:

Kini Kh

Date: 3-14-02

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 0
19. What is the date of your organization's next regular election of officers? MO YEAR
N/A
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>32.46</u> per <u>Month</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>24.50</u>
(c) Transfer Fees	\$ <u>.25</u>
(d) Work Permits	\$ <u>0</u> per _____ <small>(Month, Year, etc.)</small>

- | | Yes | No |
|---|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: —

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash		<input type="text"/>	<input type="text"/>
	26. Accounts Receivable		<input type="text"/>	<input type="text"/>
	27. Loans Receivable	1	<input type="text"/>	<input type="text"/>
	28. U.S. Treasury Securities		<input type="text"/>	<input type="text"/>
	29. Investments	2	<input type="text"/>	<input type="text"/>
	30. Fixed Assets	5	<input type="text"/>	<input type="text"/>
	31. Other Assets	3	<input type="text"/>	<input type="text"/>
	32. TOTAL ASSETS		<input type="text"/>	<input type="text"/>
LIABILITIES	33. Accounts Payable		<input type="text"/>	<input type="text"/>
	34. Loans Payable	8	<input type="text"/>	<input type="text"/>
	35. Mortgages Payable		<input type="text"/>	<input type="text"/>
	36. Other Liabilities	4	<input type="text"/>	<input type="text"/>
	37. TOTAL LIABILITIES		<input type="text"/>	<input type="text"/>
	38. NET ASSETS (Item 32 less Item 37)		<input type="text"/>	<input type="text"/>

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: —

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues				56. To Officers	9		
40. Per Capita Tax				57. To Employees	10		
41. Fees				58. Per Capita Tax			
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies				62. Professional Fees			
46. Interest				63. Benefits	11		
47. Dividends				64. Contributions, Gifts & Grants	12		
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			
50. Loans Obtained	8			67. Withholding Taxes			
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14			71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		
55. TOTAL RECEIPTS				74. TOTAL DISBURSEMENTS			

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: _____

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: _____

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: —


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land <i>(give location)</i> :				
2. Totals from additional pages <i>(if any)</i>				
3. Buildings <i>(give location)</i> :				
4. Totals from additional pages <i>(if any)</i>				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7				
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages <i>(if any)</i>				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: _____

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		0
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: _____

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name First Name Title Status						
2. Last Name First Name Title Status						
3. Last Name First Name Title Status						
4. Last Name First Name Title Status						
5. Last Name First Name Title Status						
6. Last Name First Name Title Status						
7. Last Name First Name Title Status						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8						
10. Less Deductions						
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: _____


(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
2. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
3. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
4. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
5. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7						
				9. Less Deductions		
Enter the Total from Line 10 in _____ Item 57 ⇒				10. Net Disbursements		

SCHEDULE 11 — BENEFITS


FILE NUMBER: —

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		○
Enter the Total from Line 6  Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	○
8. Total of Lines 1 through 7	○
Enter the Total from Line 8 in  Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	○
8. Total of Lines 1 through 7	○
Enter the Total from Line 8 in  Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	○
17. Total of Lines 1 through 16	○
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	○
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Totals						

ORGANIZATION NAME:

FILE NUMBER:

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Totals						

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					